

APPLICATION DATA SHEET**Application Information**

Application Number:: Unknown
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification:: Unknown
Suggested Group Art Unit:: Unknown
CD-ROM or CD-R?:: no
Number of CD disks:: 0
Number of copies of CDs:: 0
Sequence Submission?:: no
Computer Readable Form (CRF)?:: no
Number of copies of CRF:: 0
Title:: DEVICE AND METHOD FOR DETERMINING ANALYTE
LEVELS
Attorney Docket Number:: DEXCOM.8DVC1C1
Request for Early Publication?:: no
Request for Non-Publication?:: no
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 10
Small Entity?:: no
Latin Name:: n/a
Variety Denomination Name:: n/a
Petition Included?:: no
Petition Type:: n/a
Licensed US Govt. Agency:: no
Contract or Grant Numbers:: no
Secrecy Order in Parent Appl.?:: no

Inventor Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: C.
Family Name:: Shults
Name Suffix:: --
City of Residence:: Madison
State or Prov. of Residence:: Wisconsin
Country of Residence:: US
Street:: 2810 Gregory Street
City:: Madison
State or Province:: Wisconsin
Country:: US
Postal or Zip Code:: 53711

Inventor Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stuart
Middle Name:: J.
Family Name:: Updike
Name Suffix:: --
City of Residence:: Madison
State or Prov. of Residence:: Wisconsin
Country of Residence:: US
Street:: 1309 Whenona Drive

City:: Madison
State or Province:: Wisconsin
Country:: US
Postal or Zip Code:: 53711

Inventor Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Rathbun
Middle Name:: K.
Family Name:: Rhodes
Name Suffix:: --
City of Residence:: Madison
State or Prov. of Residence:: Wisconsin
Country of Residence:: US
Street:: 6421 Bridge Road
City:: Madison
State or Province:: Wisconsin
Country:: US
Postal or Zip Code:: 53713

Correspondence Information

Correspondence Customer Number:: 20,995
Phone Number:: (949) 760-0404
Fax Number:: (949) 760-9502
E-Mail Address:: rthiessen@kmob.com

Representative Information

Representative Customer Number:: 20,995

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/489,588	1/21/2000
09/489,588	Continuation of	09/447,227	11/22/1999
09/447,227	Divisional of	08/811,473	3/4/1997

Assignment Information

Assignee Name:: DexCom, Inc.
Street:: 6725 Mesa Ridge Road
City:: San Diego
State or Province:: California
Country:: USA
Postal or Zip Code:: 92121

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